

Sanitarian Registration Program  
Texas Department of Health  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756  
(512) 834-4517



**REQUEST FOR SANITARIAN CONTINUING EDUCATION CREDIT FORM**  
**INDIVIDUAL SANITARIAN**  
**NO FEE REQUIRED**

This form and supporting documentation **MUST** be submitted within 30 days of completion of the course for credit to be awarded. Please send copies of all information; **DO NOT** submit originals. If your registration will expire within the next 60 days, please be sure to mark the box below in order to expedite this application.

Sanitarian # \_\_\_\_\_

Expiration date \_\_\_\_\_ Expires less than 60 days from date of this application? ☐ YES ☐ NO

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Is this an address change? ☐ YES ☐ NO

\*\*\*\*\*

Name of course/class \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Number of approved continuing education hours requested \_\_\_\_\_

Instructor(s) \_\_\_\_\_

Instructor Address \_\_\_\_\_

Sponsoring organization \_\_\_\_\_

Note: Sponsoring organization must be one of the following (please check the correct box)

☐ institution of higher education ☐ regional or state association ☐ state/federal government

Attach the following information:

- \* Copy of course completion certificate/transcript (if college credit class)
- \* Description of course content, including time allotted to each activity
- \* Qualifications of instructors
- \* Any other available information which might assist us in approving the course (brochures, schedules, conference programs, etc.)

I hereby certify that I have read the rules related to continuing education at 25 Texas Administrative Code, Chapter 265.147; that the course content is appropriate; and that I attended the course for the number of continuing education hours I am requesting.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Within 30 days of receipt of this application, we will return this form to you. Staple the form to your course completion certificate/copy of transcript and retain it so that it will be available in the event of an audit.

----- Below this line for TDH use only -----RS Form CE-3----1/01

Date Received	Date Approved	Number of hours approved	Approved by: